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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Raleigh, North Carolina 27699-3025

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
18-9350
Case Number
MAR 31 2019
Date Received
<input type="checkbox"/> Res <input type="checkbox"/> NR

DECEDENT: **DeAndre Marquise Ballard**
First Middle Last
 RESIDENCE: **3806 Sterling Pointe Dr. Winterville, NC Pitt**
Number and Street City, State County
 AGE: **23** SEX: ☒ Male ☐ Female ☐ Unknown
 RACE: ☐ Asian ☒ Black ☐ Native American ☐ White ☐ Other
 HISPANIC ORIGIN: ☐ Yes ☐ No ☒ Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	09/17/18	2215	1400 E. Cornwallis Rd, Durham, NC	Durham
DEATH	09/17/18	2257	Duke University Medical Center	Durham
VIEW OF BODY	09/24/18	0930	<input type="checkbox"/> Scene of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home <input checked="" type="checkbox"/> Morgue <u>OCME</u> <input type="checkbox"/> Not Viewed <small>Facility Name</small>	
ME NOTIFIED	09/24/18	0830	LAW ENFORCEMENT AGENCY: <u>Durham PD</u>	
LAST KNOWN TO BE ALIVE	09/17/18	2256	OFFICER: <u>Ortiz</u> TELEPHONE: _____	

AUTOPSY: ☐ None ☒ M.E. Authorized ☐ Non-M.E./Private-Facility Name: _____BLOOD SAMPLE : Mailed by: ☐ ME after External ☒ Pathologist after Autopsy ☐ Reason not obtained: _____

IF CLINICAL ALCOHOL PERFORMED, RESULT: _____ Where: _____

PROBABLE CAUSE OF DEATH: ☐ Pending

- Multiple gunshot wound(s)
DUE TO _____
- _____
DUE TO _____
- _____
DUE TO _____
- _____
DUE TO _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Pending

This Section "OCME REVIEW ONLY"		SDC
1. Multiple gunshot wound(s)	DUE TO _____	<u>None</u>
2. _____	DUE TO _____	AL
3. _____	DUE TO _____	Dictated
4. _____	DUE TO _____	COG
CONTRIBUTING CONDITIONS		
MANNER OF DEATH:		
Natural Accident <u>Homicide</u> Suicide Undetermined		
Reviewer: <u>[Signature]</u>	Date: <u>3/29/19</u>	
Information in this block supersedes that contained in space at left.		

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Signature of Medical Examiner

Julie A. Hull, MD

Print Name of Medical Examiner

11/26/2018

Date

Wake

County of Appointment

MEDICAL HISTORY

☐ Alcoholism ☐ Cancer ☐ Depression ☐ Diabetes ☐ Hypertension
☐ Ischemic Heart Disease ☐ Seizure Disorder ☐ Smoking ☐ Substance Abuse

☐ Other _____ Physician _____ City _____

MEANS OF DEATH

☐ VEHICLE: Type of vehicle associated with this decedent:

☐ ATV ☐ Bicycle ☐ Farm Equipment ☐ Moped ☐ Motorcycle ☐ Passenger Car
☐ Pickup Truck ☐ Truck -more than 2 axle ☐ SUV ☐ Other _____

Position: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown

Devices: ☐ Seat Restraints ☐ Air Bag ☐ Helmet ☐ Child Restraint ☐ None ☐ Unknown

Number of Units Involved: _____

☐ GUN: ☐ Rifle-Caliber _____ ☒ Handgun-Caliber 45 ☐ Shotgun-Gauge _____ ☐ Unknown

☐ INSTRUMENT: ☐ Asphyxial ☐ Blunt ☐ Sharp Description _____

☐ TOXIC AGENT(S) SUSPECTED: ☐ Alcohol ☐ Others _____ ☐ Noted in Summary on Page 4

☐ DROWNING: ☐ Bathtub ☐ Lake ☐ Ocean ☐ Pond ☐ Pool ☐ River ☐ Other _____

Life Preserver: ☐ Yes ☐ No ☐ Unknown Able to swim: ☐ Yes ☐ No ☐ Unknown

Activity _____

☐ FIRE: Suspected Cause: _____ Smoke Detector: ☐ Yes ☐ No ☐ Unknown

☐ FALL: From: ☐ Sitting ☐ Standing ☐ Other _____ Approximate Distance _____ (Feet)

ACTIVITY OF DECEDENT AND PREMISES**Work Related:**

Fatal Injury or Illness Occurred on a Job*: ☐ Yes ☒ No ☐ Unknown

If Yes, was employment: ☐ Primary Job ☐ Secondary ☐ Volunteer Work ☐ Unknown

Name of this employing firm or agency _____

Type of business or industry _____ Decedent's occupation _____

*Activity on a job that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

Non-Work Related: (See Examples Below)

FATAL INJURY OR ILLNESS: Activity In an altercation with a security guard ☐ Unknown

Type of place Parking lot Specific location Apartment complex

Examples-Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fight, etc.

Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.

Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, etc.

DEATH: Type of place Hospital Specific location Duke University Medical Center

Death occurred while in custody: ☐ Yes ☒ No ☐ Unknown

If yes, was in: ☐ County Jail ☐ State Prison ☐ Federal Prison ☐ Police Presence

Death occurred in State Operated Facility: ☐ Yes ☒ No

DESCRIPTION OF BODY

For Pathologists Only:
Refer to Autopsy Report ☒

CONDITION: ☐ Intact ☐ Decomposed ☐ Fragmented ☐ Skeletonized

☐ Embalmed ☐ Charred ☐ Prolonged immersion

RIGOR: ☐ None ☐ 1+ ☒ 2+ ☐ 3+

LIVOR: ☐ None ☐ Anterior ☒ Posterior ☐ Lateral Color: _____

LENGTH: _____ ☐ Estimate **WEIGHT:** _____ ☐ Estimate

BODY TEMPERATURE: ☐ Warm ☒ Cool ☐ Cold **HAIR:** Color _____ ☐ Facial _____

EYES: Color _____ Abnormalities _____

TEETH: LOWER: ☐ Natural ☐ Dentures ☐ None UPPER: ☐ Natural ☐ Dentures ☐ None

PHOTOGRAPHS: ☐ Yes ☐ No **RADIOGRAPHS:** ☐ Yes ☐ No

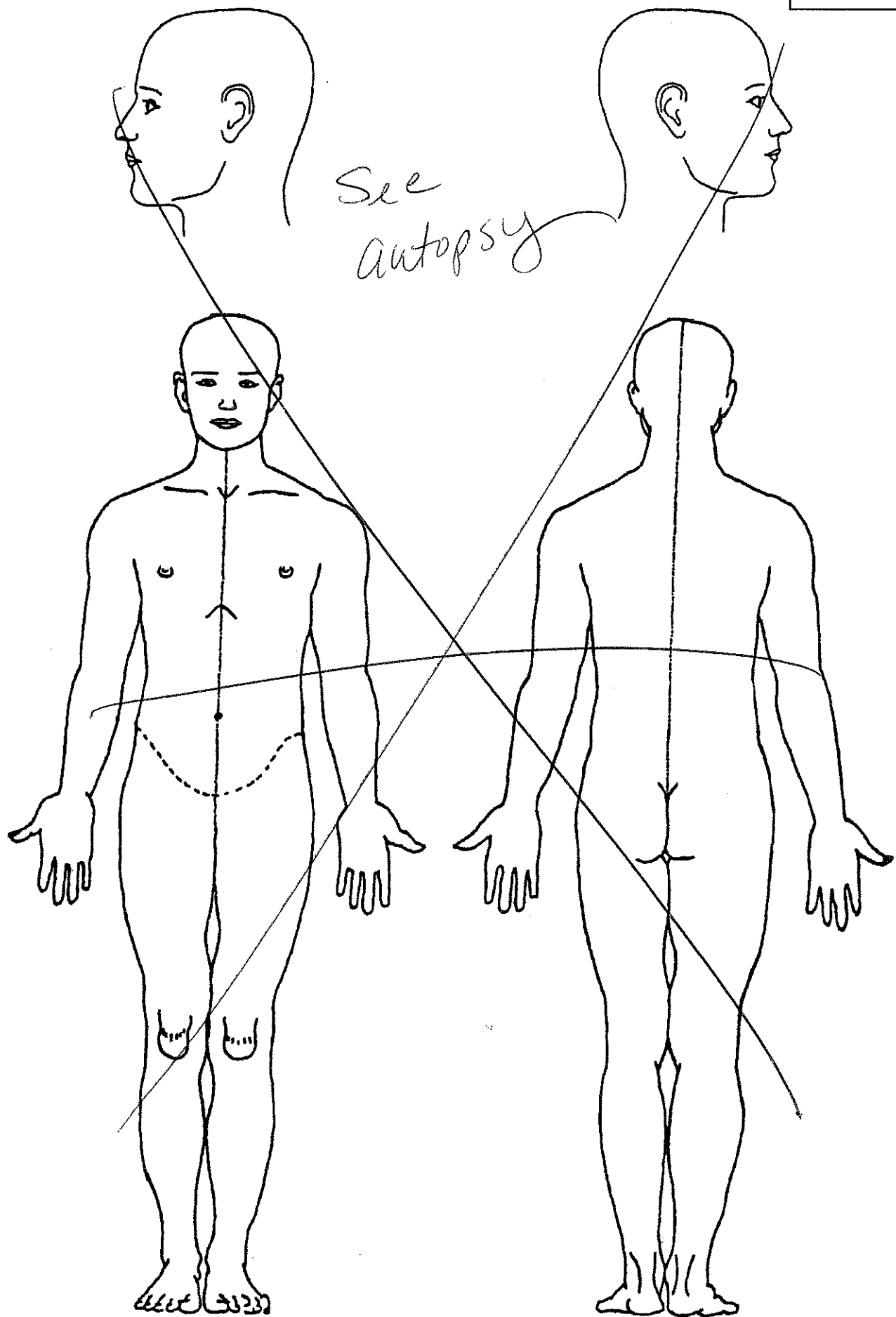
CLOTHING: _____ ☐ Not Clothed

VALUABLES: _____ ☐ No Valuables

BODY DIAGRAMS

Legend:

A= Abrasion	G= Gunshot
B= Burn	L= Laceration
C= Contusion	S= Stab



MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

The decedent was a 23 year old man who was shot during an altercation with a security guard in the parking lot of an apartment complex. He was transported to a local hospital where death was pronounced shortly after arrival.

PURPOSE: To document the findings of a Medical Examiner investigation. *This is not an autopsy report. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a); within fourteen (14) days of Medical Examiner's examination.

PREPARATION: The investigating Medical Examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, 3025 Mail Service Center, Raleigh, NC 27699-3025

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Raleigh, NC 27699-3025